CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
J. D. DUNSHEE, M.D., Director

Weekly Bulletin

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Birth Registration Campaign Starts

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The United States Bureau of the Census through the use of Federal Emergency Relief Administration funds is conducting a birth registration campaign in California in cooperation with the State Department of Public Health. Cards upon which to report births that have occurred during 1934 have been mailed from Washington to all householders in California. More than a million and a half of these cards have been sent. They bear the government frank and are returned to Washington, where they are assembled and then forwarded to the Division of Vital Statistics in Sacramento. Here a large force of emergency relief workers checks the reports on cards with the certificates of birth on file. This check will determine the relative efficiency of birth registration in California and it will also provide a stimulus to the thorough and complete registration of such events. The success of the campaign depends very largely upon the readiness with which Californians return the cards to Washington.

Similar campaigns have been undertaken in a large number of states. Among the western states in which such campaigns have been conducted are Oregon, Washington, Montana, Idaho, Utah and Nevada. Mr. Walter B. Carter, special agent of the Bureau of the Census, is in direct charge of the campaign in California, and health officers and registrars throughout the State have been requested to communicate with Mr. Carter and to report the status of the campaign in their respective communities. Additional cards upon which to report births are available in Sacramento and may be obtained by addressing the Division of Vital Statistics.

A check is also being made of infant deaths in order to determine if births were registered for infants who died during the first year of life. The registration of deaths is considered as complete since it is impossible to secure a burial permit without first filing a death certificate. It is presumed that all deaths that occur within the State are registered; a certain percentage of births, however, are not registered. This is true particularly in the extreme rural districts and in those sections of the State where unassimilable foreign-born individuals are present in large numbers. It is probable that birth registration, for example, is deficient among the Mexicans in certain sections of California. Birth registration is considered complete among the Japanese for the reason that land tenure in Cailfornia depends upon citizenship. It is hoped that the activities now being carried on will be most far reaching in results accomplished. Not only does birth registration mean a great deal to the individual but records in infant mortality are not accurate unless all births are registered. This rate is the number of infant deaths per one thousand live births registered. The fewer births that are registered, the higher the infant mortality rate will be. Since enviable records in infant mortality have been

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made throughout the State, it is obvious that more complete birth registration is a factor in producing still lower rates. Local health departments in California have for many years been engaged actively in the promotion of all attributes that would prevent the deaths of infants. Unless births are registered completely, all such efforts are obscured through faulty registration. No community can have a proper infant mortality rate unless all of the births within the community are registered.

BIRTHS IN CALIFORNIA

The following report of births in California is from a biennial report of the State Department of Public Health covering the years 1932 and 1933:

The number of birth registered during the calendar years of 1932 and 1933 falls to a lower level than in the previous biennium. This continues the downward trend begun in 1924 and continued with but one interruption, in 1930 when 84,382 births were registered, until the present time. In 1932 there are 78,108 and in 1933, 75,229 registered births as compared with 84,382 and 81,553 in 1930 and 1931, respectively. Rates, too, have decreased more rapidly, because of the increase in estimated population. We find that the birth rates for 1932 and 1933 are 13.1 and 12.4 per thousand population respectively, while in 1930 and 1931 the corresponding rates are 14.7 and 13.9 per thousand estimated population.

Analyzing births by race, the percentage of white births to total births has increased each year during the last four years, while that for Mexicans and Japanese has decreased. There has been a steady increase in number as well as percentage in the negro births registered, as may be seen by consulting tables A and B. Japanese and Chinese births have fallen off in number, while the number of Indian births registered has increased. Chinese births constitute about one per cent of the births registered; this percentage has been fairly constant over the last eleven years.

Table A—Number of Births by Race

	1930	*1931*	*1932*	*1933*
All races	84,382	81,553	78,108	75,229
White	65,075	64,009	62,241	60,222
Negro	1,110	1,159	1,177	1,175
Indian	329	329	336	376
Chinese	807	792	740	665
Japanese	2,220	2,040	1,851	1,628
Mexican	14,472	12,886	11,414	10,857
Other	369	338	349	306

NOTE.—Rates for births and deaths for the calendar years of 1932 and 1933 are provisional and subject to change as soon as the population figures are available after the next Federal census. The rates as used in this report are computed from estimates made by the United States Bureau of the census by the following method: The estimated increase in the United States population is computed each year upon the available birth, death, immigration and emigration data. This increase is then distributed to the States according to the per cent each State increase, 1920-1930, was of the United States increase, 1920-1930. Each State increase is then distributed to the counties of the State according to the per cent the county increase was of the State increase, and the county increase thus obtained is distributed to the various cities in each county by the same method. Estimates for places in which the population decreased from 1920 to 1930 are assigned the population as shown in the Federal census of 1930.

Table B—Percentage of Births by Race

	1930	*1931*	*1932*	*1933*
All races	100.0	100.0	100.0	100.0
White	77.1	78.5	79.7	80.1
Negro	1.3	1.4	1.5	1.6
Indian	0.4	0.4	0.4	0.5
Chinese	1.0	1.0	1.0	0.9
Japanese	2.6	2.5	2.4	2.1
Mexican	17.2	15.8	14.6	14.4
Other	0.4	0.4	0.4	0.4

A comparison of births by sex shows that in California the proportion of male to female births registered remains nearly constant for those years for which we have data. These data are available for the years 1922-1924, inclusive, and for the years 1931-1933, inclusive. This is shown in table C following:

Table C—Births by Sex 1922-1924, 1931-1933, Inclusive

Year	*Both sexes*	*Male*		*Female*		*Males per 100 females*
		Number	*Percent*	*Number*	*Percent*	
1922	73,321	37,505	51.2	35,816	48.8	105
1923	80,237	41,506	51.7	38,731	48.3	107
1924	86,899	44,606	51.3	42,293	48.7	105
1931	81,553	41,992	51.5	39,561	48.5	106
1932	78,108	39,974	51.2	38,134	48.8	105
1933	75,229	38,618	51.3	36,611	48.7	105

When an analysis is made by sex among the different races it appears that among negroes in California, more girls than boys are born, while for all other races, the reverse is true. Whites show little variation in the proportion of the sexes born each year, while all others show much more fluctuation. A comparison of the different races is shown in table D, together with the ratio of males 100 females registered.

Table D—Births by Race by Sex, 1931-1933, Inclusive

	1931			1932			1933		
	Males	**Females**	**M/F**	**Males**	**Females**	**M/F**	**Males**	**Females**	**M/F**
All races	41,992	39,561	106	39,974	38,134	105	38,618	36,611	105
White	33,092	30,917	107	31,837	30,404	105	30,854	29,368	105
Negro	560	599	93	576	601	96	584	591	99
Indian	170	159	107	179	157	114	211	165	128
Chinese	417	375	111	400	340	118	367	298	123
Japanese	1,043	997	105	943	908	104	797	831	96
Mexican	6,538	6,348	103	5,853	5,561	105	5,642	5,215	108
Other	172	166	104	186	163	114	163	143	114

STILLBIRTHS

There has been a fairly steady downward trend in stillbirths during the past several years and in 1933 the ratio per thousand total births is less than it has been since 1927. There have been fluctuations in actual numbers, but the rates as a whole have been less each year. Table E shows the rates per 1000 total births from 1920-1933, inclusive.

Table E—Stillbirths 1920-1933, Inclusive

Year	*Total births*	*Still births*	*Rate per 1000 total births*
1920	69,257	2,059	29.7
1921	74,642	2,204	29.5
1922	75,541	2,220	29.4
1923	82,634	2,397	29.0
1924	89,488	2,589	28.9
1925	87,667	2,175	24.8
1926	84,690	2,318	27.4
1927	86,553	2,219	25.6
1928	86,063	2,420	28.1
1929	83,881	2,383	28.4
1930	86,809	2,427	27.9
1931	83,885	2,332	27.8
1932	80,261	2,153	26.8
1933	77,261	2,032	26.3

When a comparison is made of the percentage of stillbirths, births and population composition contributed by each race, some differences are disclosed. Although whites constitute 88.8 per cent of the population according to the Federal census of 1930, they contribute but 77.8 per cent and 79.9 per cent of the births and 73.9 per cent and 74.5 per cent of the stillbirths in the 1930-1931 and 1932-1933 biennium, respectively. Mexicans, on the other hand, with only 6.5 per cent of the population in 1930, contribute 16.5 per cent and 14.5 per cent of the births, and 20.4 per cent and 18.4 per cent of the stillbirths during the same periods. Comparison of all races is given in table F.

Table F—Percentage of Births and Stillbirths Contributed by Each Race by Biennial Periods—1930-1933

		Percentage of births		*Percentage of stillbirths*	
Race	*Percentage of population*	*1930-1931*	*1932-1933*	*1930-1931*	*1932-1933*
All races	100.0	100.0	100.0	100.0	100.0
White	88.8	77.8	79.9	73.9	74.5
Negro	1.4	1.4	1.5	2.3	2.6
Indian	0.3	0.3	0.5	0.6	0.7
Chinese	0.7	1.0	0.9	0.6	0.9
Japanese	1.7	2.6	2.3	1.6	2.3
Mexican	6.5	16.5	14.5	20.4	18.4
Other	0.6	0.4	0.4	0.6	0.6

When we analyze stillbirths by sex, we find that there is a much greater preponderance of boys than we find among livebirths. Figures are available for both live and stillbirths for the past three years, and while we find that there are 105 males for each 100 females born alive during this period, there are 124 males for each 100 females stillborn during the same time. This is true for all races except the Chinese, where there are 83 males for each 100 females stillborn. While the incidence is interesting it may have no special significance. Table G shows the proportion of male to female births and stillbirths during the last three years.

Table G—Births and Stillbirths, Race by Sex, 3 Years Average 1931-1933 M/F—Number of Males per 100 Females Registered

	Births			*Stillbirths*		
Race	*Male*	*Female*	*M/F*	*Male*	*Female*	*M/F*
All races	120,584	114,306	105	3,610	2,907	124
White	95,783	90,689	106	2,665	2,188	122
Negro	1,720	1,791	96	95	68	140
Indian	560	481	116	28	18	156
Chinese	1,184	1,013	117	24	29	83
Japanese	2,783	2,736	102	74	65	114
Mexican	18,033	17,124	105	698	525	133
Other	521	472	110	26	14	186

Some of these ratios may be changed over a longer period of years as the number of cases for some of the races is small, and a slight variation in numbers may very easily change the ratio of males to females.

NEW HEALTH OFFICER APPOINTED

Dr. Wilbur C. Batson of Greenville has been appointed health officer Plumas County. He succeeds Dr. B. J. Lasswell who has held this office for many years.

The most important personality attribute of the successful teacher is ability to create and foster a sense of vitality and enthusiasm for life. In this sense her attitude should be parental, that is to say, in the interests of health and virility.

Truancy from such a teacher would be rather unlikely.—Miriam Van Waters, Ph. D.

THE COMMON DRINKING CUP

By J. D. Dunshee, M.D., Director, State Department of Public Health

It has been some years since the common drinking cup has been permitted and we had the impression that along with the common towel this source of possible infection had been greatly minimized, if not eradicated.

Lack of sterilization of drinking glasses and other utensils used in serving food and drinks to the public is equivalent to the use of the common drinking cup.

With the repeal of prohibition and the consequent opening of many thousands of places where drinks are served, the need for adequate sterilization of utensils becomes a major health problem.

Any method of sterilization, however thorough it may be when properly done, must have the human equation accounted for in its application. It must be easy to use, readily accessible and be practically foolproof.

We are aware that methods previously in use have not met these requirements and only in individual instances are utensils sterilized consistently.

Tests conducted by the Santa Barbara Department of Health on a method which is being tried out there for the sterilization of glasses are of interest.

This consists in the use of at least two tanks, but preferably three, in which the glass is washed in the first tank in a cleansing solution, immersed in a second tank containing a chlorine solution of acceptable strength and rinsed in a third tank of plain water.

The innovation in this method is in the use, in the first tank, of a system of brushes, immersed in the cleansing solution, upon which the cup, mug, or glass is pressed down and turned round about by the hand of the operator. This makes easily possible a thorough cleansing of the rim of the utensil which is the contaminated part. Such an appliance is easy to use, is inexpensive and the cost of replacement, when needed, is slight.

A series of tests conducted by the local department shows that this method has provided sterilization. As a method which is inexpensive, easy to operate and to a large extent ''fool proof'' an investigation by other departments is recommended.

It is understood that a demonstration will be given at the meeting of the Southern California Public Health Association at Santa Barbara on January 27th.

Regardless of the possible merit of this particular method it is essential that some means be taken to *insure* sterilization.

MORBIDITY

Complete Reports for Following Diseases for Week Ending January 5, 1935

Chickenpox

389 cases: Alameda County 2, Alameda 1, Berkeley 1, Oakland 35, Piedmont 3, Butte County 3, Richmond 1, Fresno County 8, Reedley 2, Humboldt County 1, Eureka 1, Imperial County 1, Bakersfield 3, Los Angeles County 9, Alhambra 1, Beverly Hills 1, Burbank 1, Glendale 1, Inglewood 1, Long Beach 13, Los Angeles 31, Pasadena 6, Redondo 1, Santa Monica 1, South Pasadena 4, South Gate 2, Marin County 10, Larkspur 1, Ross 5, San Rafael 3, Orange County 3, Brea 4, Santa Ana 3, La Habra 1, Placer County 1, Riverside County 2, Riverside 14, Sacramento 6, Ontario 1, Redlands 3, Upland 6, San Diego County 4, El Cajon 2, La Mesa 1, Oceanside 1, San Diego 25, San Francisco 23, San Joaquin County 31, Lodi 2, Stockton 8, San Mateo County 1, Burlingame 2, San Mateo 2, Lompoc 2, Santa Maria 10, Palo Alto 12, San Jose 12, Willow Glen 3, Watsonville 1, Shasta County 21, Redding 1, Siskiyou County 1, Fairfield 3, Vallejo 1, Sonoma County 5, Tulare County 1, Ventura County 3, Santa Paula 1, Yolo County 5, Davis 3, Winters 3, Woodland 1, California 1.*

Diphtheria

50 cases: Imperial County 1, El Centro 2, Kern County 1, Bakersfield 3, Los Angeles 23, San Fernando 1, South Gate 1, Fullerton 1, Orange 1, Placentia 1, Riverside County 1, Corona 1, Sacramento 1, San Bernardino 1, San Diego County 2, National City 1, San Diego 3, San Francisco 2, Stockton 1, Santa Barbara 1, Tulare 1.

German Measles

27 cases: Berkeley 1, Placerville 1, Fresno County 3, Long Beach 1, Los Angeles 1, San Marino 1, San Bernardino County 2, San Francisco 2, Lompoc 1, Santa Maria 5, Santa Clara County 2, Willow Glen 5, Shasta County 2.

Influenza

96 cases: Berkeley 2, Inyo County 6, Lake County 5, Los Angeles County 4, Claramont 4, Glendale 1, Los Angeles 57, Marin County 1, Merced County 1, Santa Ana 1, Sacramento 2, Upland 1, San Francisco 3, San Joaquin County 1, Stockton 1, San Jose 2, Santa Cruz 1, Stanislaus County 1, Yolo County 2.

Malaria

2 cases: Shasta County 1, San Joaquin County 1.

Measles

183 cses: Berkeley 2, Oakland 2, Piedmont 1, San Leandro 1, Colusa 1, Fresno County 2, Humboldt County 3, Eureka 1, Los Angeles County 1, Glendale 2, Los Angeles 5, Montebello 1, Orange County 5, Anaheim 3, Fullerton 1, Orange 15, Santa Ana 4, Tustin 1, Riverside County 1, San Francisco 4, San Joaquin County 13, Stockton 54, Tracy 4, San Luis Obispo 1, San Mateo County 1, Santa Barbara County 2, Santa Barbara 1, Santa Maria 8, Santa Clara County 1, Los Gatos 2, San Jose 2, Willow Glen 1, Santa Cruz 25, Shasta County 1, Petaluma 1, Tulare County 3, Exeter 7.

Mumps

120 cases: Alameda County 7, Berkeley 1, Oakland 8, Antioch 1, Burbank 2, Long Beach 1, Los Angeles 3, Pasadena 1, San Fernando 1, Larkspur 2, Ross 2, San Rafael 2, Nevada County 1, Placentia 1, Upland 1, National City 1, San Diego 1, San Francisco 5, San Joaquin County 5, Lodi 13, Stockton 4, Tracy 3, Santa Barbara County 36, Lompoc 1, Santa Maria 6, Gilroy 1, Willow Glen 1, Tulare County 1, Lindsay 4, Visalia 2, Vetura 1, Woodland 1.

Pneumonia (Lobar)

69 cases: Albany 2, Oakland 4, San Leandro 1, Eureka 1, Los Angeles County 1, Glendale 2, Los Angeles 21, Santa Monica 1, Monterey Park 1, Madera County 1, Modoc County 1, La Habra 1, Riverside 1, Sacramento 7, San Bernardino County 1, Redlands 1, San Bernardino 3, San Diego County 1, San Diego 4, San Francisco 5, San Joaquin County 2, Lodi 2, Tracy 1, Santa Barbara 1, Santa Clara County 1, Siskiyou County 1, Modesto 1, Ventura County 1.

Scarlet Fever

221 cases: Oakland 5, Butte County 1, Calaveras County 1, Colusa County 1, Contra Costa County 1, Richmond 2, Fresno County 4, Coalinga 2, Humboldt County 2, Eureka 2, Imperial County 1, El Centro 1, Kern County 1, Los Angeles County 20, Alhambra 1, Arcadia 2, Beverly Hills 1, Claremont 1, Glendale 3, Inglewood 1, Long Beach 3, Los Angeles 48, Pasadena 2, Redondo 1, South Pasadena 1, South Gate 1, Bell 1, Larkspur 1, Merced County 3, Gustine 1, Nevada County 1, Orange County 1, Anaheim 1, Brea 2, Orange 1, Santa Ana 6, Placentia 1, Placer County 2, Auburn 5, Riverside County 1, Corona 1, Sacramento 5, San Bernardino 1, Upland 1, National City 1, San Diego 10, San Francisco 12, San Joaquin County 4, Stockton 3, Santa Barbara 2, Santa Clara County 5, Los Gatos 1, San Jose 7, Willow Glen 1, Watsonville 1, Shasta County 6, Fairfield 1, Suisun 1, Tulare County 5, Tulare 1, Visalia 1, Tuolumne County 2, Ventura County 1, Oxnard 1, Santa Paula 1, Ventura 4, Yolo County 1, Yuba County 5.

Smallpox

17 cases: Humboldt County 1, Long Beach 1, Los Angeles 15.

Typhoid Fever

9 cases: Fresno County 1, Imperial County 1, Glendora 1, Long Beach 1, Merced County 1, National City 1, Ventura County 1, California 2.*

Whooping Cough

94 cases: Berkeley 2, Alhambra 1, Culver City 6, Glendale 3, Long Beach 1, Los Angeles 12, San Fernando 2, Marin County 3, San Rafael 2, Orange County 1, Santa Ana 7, Riverside County 1, Sacramento 3, San Bernardino 2, San Francisco 9, Lodi 1, Stockton 10, Redwood City 1, Santa Barbara County 3, Lompoc 3, Santa Barbara 12, Santa Maria 3, Mountain View 3, Ventura 3.

Meningitis (Epidemic)

4 cases: Eldorado County 1, Lodi 1, Santa Barbara 1, Santa Rosa 1.

Dysentery (Amoebic)

2 cases: Berkeley 1, Santa Ana 1.

Dysentery (Bacillary)

1 case: Los Angeles.

Ophthalmia Neonatorum

1 case: Kern County.

Poliomyelitis

16 cases: Kern County 11, Los Angeles 1, Pasadena 1, Orange County 1, Lodi 1, Petaluma 1.

Tetanus

2 cases: Whittier 1, Stockton 1.

Trachoma

8 cases: Modoc County.

Paratyphoid Fever

1 case: Sonoma County.

Jaundice (Epidemic)

1 case: Houmboldt County.

Food Poisoning

3 cases: San Francisco.

Undulant Fever

2 cases: Redlands 1, Santa Barbara 1.

Septic Sore Throat (Epidemic)

3 cases: San Francisco 1, San Joaquin County 1, Visalia 1.

Rabies (Animal)

16 cases: Berkeley 1, Calexico 1, Los Angeles County 1, Compton 1, El Monte 1, Los Angeles 5, Monterey County 2, Monterey 2, San Diego 2.

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* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

I know that teachers can not say, can not do, everything they wish. They, too, are bound by the established order which imposes its limitations upon them and makes them necessarily feel its authority * * *. But there are those who are clear-seeing and courageous and they have a great strength. They have on their side the march of events. Their weapon is truth, and it is a weapon which sooner or later will conquer.
—Henri Barbuse.

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